

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of: Patton et al Application No: 10/693,318 Confirmation No: 8226 Filed: October 24, 2003 Title: METHOD AND DEVICE FOR DELIVERING AEROSOLIZED MEDICAMENTS		Group Art Unit: 3771 Examiner: Kristen Clarette Matter Attorney Docket No: NK.0001.13 December 5, 2008 San Francisco, California 94107																																													
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																																													
Papers Enclosed <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Postcard for Return		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td>\$130.00</td> <td>\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$490.00</td> <td>\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$1,110.00</td> <td>\$555.00</td> </tr> <tr> <td align="center" colspan="3">Total \$ 130.00</td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		Extension (Months)	Extension Fee		Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 130.00																													
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Fees for Extra Claims <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">Claims remaining after amendment</th> <th rowspan="2">Highest number previously paid for</th> <th rowspan="2">Number Extra</th> <th colspan="2">Rate</th> <th rowspan="2">Additional Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td align="center">38</td> <td align="center">38</td> <td align="center">0</td> <td align="center">\$52.00</td> <td align="center">\$26.00</td> <td align="center">\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td align="center">3</td> <td align="center">3</td> <td align="center">0</td> <td align="center">\$220.00</td> <td align="center">\$110.00</td> <td align="center">\$0.00</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> <td align="center">\$390.00</td> <td align="center">\$195.00</td> <td align="center">\$0.00</td> </tr> <tr> <td>Supplemental Information Disclosure Statement</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td align="right" colspan="6">Total</td> <td align="center">\$0.00</td> </tr> </tbody> </table>					Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee	Large Entity	Small Entity	Total Claims	38	38	0	\$52.00	\$26.00	\$0.00	Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00	Multiple Dependent Claims	0	0	0	\$390.00	\$195.00	\$0.00	Supplemental Information Disclosure Statement							Total						\$0.00
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<input type="checkbox"/> Attached is check no. _____ in the sum of \$ _____. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$670.00 .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, #106 San Francisco, CA 94107																																													
CERTIFICATE OF TRANSMISSION (37 C.F.R. §1.8a) I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571)273-8300, or electronically filed, on the date shown below. By: <u><i>Andy Wells</i></u> Date: <u>December 5, 2008</u> Andy Wells		Respectfully Submitted, <u><i>Guy V. Tucker</i></u> Date: <u>December 5, 2008</u> Guy V. Tucker Registration No. 45,302																																													

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